DOCUMENT RESUME

ED 261 008 SP 026 101

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TITLE Competencies of Florida Health Educators by Settings of Practice.
PUB DATE [82]
NOTE 14p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Bachelors Degrees; *Career Choice; Health Education; *Health Personnel; Higher Education; *Masters Degrees
IDENTIFIERS Florida

ABSTRACT

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COMPETENCIES OF FLORIDA HEALTH EDUCATORS BY SETTINGS OF PRACTICE

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Abstract

This study was designed to identify the specific competencies desired of Florida's bachelor level and master's level health educators as indicated by health educators practicing in the setting of community agency, public health, schools, and higher education. A valid instrument was used by 136 respondents to measure the importance of 135 competencies on a five-point scale. Results of the data analysis indicated: (1) Bachelor level health educators provide direct client services whereas Master's level health educators are primarily administrators and/or evaluators and, (2) The importance of various health education competencies varies by practice settings, e.g. school health educators require more health content. A need exists for health education professional preparation programs to fully examine requirements in order to determine if a reality-orientated health educator is the end product.

SP026101

Competencies of Florida Health Educators

by Settings of Practice

Introduction

Health education is "any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, group or communities) conductive to health."[1] Generally these learning opportunities are based upon scientific knowledge in which individuals make decisions affecting their health. Included within the concept of health education are efforts directed towards assisting people to achieve an optimal level of wellness, to prevent disease and debilitating conditions from occurring, and to minimize the impact of such diseases and conditions upon individuals. Health education related specialists strive to select and implement interventions which are designed to reduce individual and/or community health problems which can be corrected or compensated cost effectively through educational strategies. Considered must be factors which predispose, enable, and reinforce positive health behavioral practices.

A national trend emphasizing the prevention and/or reduction of chronic diseases and debilitating conditions through the utilizing of health appraisal instruments and risk reduction techniques, has contributed toward a shift in governmental health policy that stresses the concept of wellness. Health education/promotion as a viable strategy has been noted in various governmental publications including Promoting Health Preventing Disease, the Surgeon Generals' Health Objectives for the Nation.[2]

Health educators as a profession for the last several years have been attempting to identify the competencies of an entry level health educator. As a result of various studies conducted by the National Center for Health Education, identified have been the role specification for an entry level health educator which noted major and specific responsibilities and required skills, as well as, knowledge essential for skill development.[3] Mentioned specifically were competencies by the practice settings of schools, medical care, and community for the entry level health educator. However, in Florida, as well as in the rest of the nation, health educators are practicing who hold neither a health education bachelor's or master's degree, but do possess some health educator competencies and skills. Thus, a need exists to determine the importance of various competencies as well as to differentiate the perceived importance of various needed competencies per practice setting. This study was designed to identify the specific competencies expected of bachelor's level and master's level health educators by practice setting. The study was conducted concurrently, but independently of the National Role Delineation Project.

Methods

This project was divided into several methodological phases. Initially the literature was reviewed noting specific competencies for health educators. Reviewed were AAHE[4], ASHA[5], and SOPHE[6] guidelines for preparation and practice, as well as available materials from The Role Delineation Study.[7] After evaluating these materials and the results of the analyses of data obtained from a bachelor level community health

education study in Maine, one hundred and thirty-five competencies were identified in the areas of administration, general health knowledge, communication, and evaluation. The valid instrument was designed so that potential respondents would rate each competency item for both the bachelor's level and the master's level as follows:

"1" Would indicate no importance

"2" Would indicate little importance

"3" Would indicate some importance

"4" Would indicate considerable importance

"5" Would indicate great importance

Later the instrument was shared with a jury of health educators.

Health educators' respondents for the survey were identified from the membership lists of various health education related national and state professional organizations, as well as, health educators associated with state and federal agencies or community agencies. A total of six hundred and fifteen health educators were identified and later these individuals were forwarded the instrument. Two hundred and two individuals responded, but only one hundred and thirty-six instruments were found useable for the study.

Analysis of the Data

The one hundred and thirty-six respondents rated each of the 135 competencies on a five-point scale. An average response for all respondents was established for each competency ranked by practice setting of Public Health (N=36), Community Agency (N=18), Schools (N=69), and Higher Education (N=13). The fifteen highest ranking competencies by

practice setting for both the bachelor's level and the master's level are found in Tables 1 and 2.

In analyzing the more important competencies, several conclusions can be drawn. For example in some Florida practice settings, cognitive health content is more important than process skills. At the bachelor's level, health educators practicing in the settings of community agencies, schools, and higher education all indicated that CPR, Tobacco, Mental Health, Alcohol, and Human Growth were important, whereas, the public health setting health educators did not indicate any health content skills as being highly important. Instead, stressed were process skills such as Utilization of Computers, Common Sense, or the Identification of Health Education Resources. At the master's level, mentioned as health content skills were Tobacco, Alcohol, Nutrition, and Human Sexuality, but only by the higher education health educators. Thus, generally at the master's level, held to be more important are process type skills such as Program Evaluation, Projecting Enthusiasm for Health Education, Program Planning, Self Evaluation, or Establishing Priorities.

In addition, while reviewing the higher ranking competencies by practice setting, several competencies were ranked of similar importance no matter the setting or practice. This was especially true at the master's level for Program Evaluation, Project Enthusiasm for Health Education, Program Planning, and at the bachelor's level for Utilization of Computers and Identification of Health Education Resources. Other competencies are ranked in the top fifteen competencies, but are ranked differently in various practice settings. For example, at the master's level, Self Evaluation is ranked #6.5 by community agency, #14 by public health, #3 by schools, and #3.5 by higher education. Lastly, some

competencies are ranked higher in only one or two practice settings such as at the bachelor's level, Drugs in schools; Alcohol by schools and higher education; Physical Fitness by community agency and schools or; Principles of Public Health by community agencies and public health. At the master's level ranked higher by only the setting of schools was Directing Research Projects; community agency ranked Self Help and; both community agency and public health ranked Speaking to Community Leaders highly.

Also, various competencies involving communication skills ranked highly in some practice settings at the bachelor's level. Common sense was mentioned in all practice settings; Utilization of Health Education Resources was ranked by the settings of community agency, public health, and schools; but ranked highly in only the public health setting were Establishing Priorities, Small Group Presentations, Small Group Process Techniques, Community Education, and Writing PSA's. At the master's level, Directing Research Projects was ranked #1 in the school setting.

Variance in rankings was also found in the broad area of administration by educational level. At the bachelor's level competencies such as Utilization of Health Education Resources are important in the practice settings of community agency, public health, and schools; Program Evaluation ranked highly in the settings of community agency, public health, and higher education, and Establishing Priorities ranked higher in the setting of public health. At the master's level, Program Evaluation, Projecting Enthusiasm for Health Education, and Program Planning ranked highly in all practice settings; Establishing Priorities ranked highly in the setting of public health, schools, and higher education; and Interpersonal Communication Skills ranked in the settings

of community agency, public health, and schools. Speaking to Community Leaders and Developing Rapport with Community Leaders was ranked highly in the two settings and Community Education, Conducting Community Service Programs, and Inservice was ranked highly by only the community agency setting.

Differences in the importance of evaluation type competencies are noted at the different educational levels. At the bachelor's level only Program Evaluation was mentioned, whereas at the master's level Program Evaluation and Program Planning were ranked highly in all settings; Decision Making Process was ranked in all settings except community agency; Personnel Evaluation was ranked by the public health and school settings and; Speaking to Community Leaders ranked higher in the settings of community agency and public health; Public Relations ranked higher in the setting of schools and higher education; Develop Rapport with Community Leaders and Personnel Evaluation ranked higher in the settings of public health and schools and; Community Education and Conducting Community Services ranked highly in the practice setting of community agency.

Implications For Florida Professional Preparation Programs

In reviewing and analyzing the data by practice settings and degrees, inferences can be made related to the specific nature of Florida health education professional preparation programs. A bachelor's level health educator teaching in the public schools should possess a basic health content knowledge, as well as concepts related to adolescents or the utilizations of health education resources.

On the other hand, a master's level school health educator should possess skills in the areas of administration and evaluation. Noted especially should be competencies needed to conduct health education programs, which are a part of the state supplemental fiscal process for specific locally based health education programs.

A similiar type of professional preparation program might be designed for health educators who wish to practice in various Florida community agencies. Most of the community agencies are voluntary and specific health problem oriented. The program at the bachelor's level should include emphases on Identification and Utilization of Health Education Resources, Public Health Principles, Self Care, and Program Evaluation. At the master's level additional emphases should be placed upon Interact with Staff, Health Care System, Speaking to Community Leaders, and Community Education, whereas less emphasis should be allocated to Directing Research Projects.

Public health educators possess differing competency expectations from the other practice settings. Generally the Florida bachelor's level public health educator needs to possess process competencies such as Identification and Utilization Health Education Resources, Conducting Programs for Industry, Small Group Processes, Small Group Presentations, Community Education, or in Preparing Media. Lesser emphasis is placed upon health content or health facts. At the master's level the health educator should possess administrative and evaluation competencies in order to function efficiently.

Lastly, data from the higher education health educators seems to indicate similiarly held values related to the competencies of a school health educator. Perhaps this can be related to the fact that there are

few public health trained health educators in Florida that participated in the survey, nor was there a Florida based School of Public Health.

In the final analysis, results of this study have important ramifications for both practitioners and faculty associated with Florida health education professional preparation programs. This study, concurs with the Role Delineation Study, that health educators practicing in different settings should possess differing competencies dependent in part on target population needs, agency goals, available health care resources, and organizational policies/procedures for conducting health education programs. However, the specific results of the analysis of competency data vary from the Role Delineation study since Florida has not had the benefit of a School of Public Health.

A need thus exists for Florida health education professional preparation programs to fully examine their health education course requirements in order to determine if a reality-orientated real world product is an end result. Students, as a part of the formal advising process must consider both short term and long term setting of practice career goals, so that they can be adequately educated in order to function effectively in their chosen setting of practice.

MS/zn/SUT-119

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MS/zn/SUT-119

TABLE 1

Bachelor's Level

Higher Ranking Competencies by Viewpoints
of Health Educators in Selected Practice Settings (N=135)

Competency	Com. Agency N=18		Public Health N=36		Schools N=69		Higher Education N=13	
	Average	Rank	Average	Rank	Average	Rank	Average	Rank
Drugs					4.64	2		
Utilization of Computers	4.68	2	4.73	2	4.64	2	4.69	1
Common Sense	4.80	1	4.73	2	4.64	2	4.53	5
Identification of Health Education Resources	4.44	3.5	4.73	2				
C.P.R.	4.36	5.5			4.58	7.5	4.61	2.5
Tobacco	4.24	10			4.52	14	4.61	2.5
Mental Health	4.44	3.5			4.55	11	4.46	7.5
Utilization of Health Education Resources	4.36	5.5	4.70	4	4.54	12.5		
Illicit Drugs					4.61	4.5		
Alcohol					4.61	4.5	4.53	5
Conduct Health Programs for Industry			4.67	5	4.57	9.5	4.30	13.5
Physical Fitness	4.24	10					4.53	5.5
Adolescent Health	4.20	14.5			4.60	6	4.30	13.5
Public Health Principles	4.20	14.5	4.59	6				
First Aid	4.32	7			4.58	7.5	4.30	13.5
Nutrition	4.24	10			4.57	9.5	4.46	7.5
Establishing Priorities			4.54	7.5				
Small Group Presentations			4.54	7.5				
Small Group Process			4.51	9				
Human Growth	4.24	10			4.54	12.5	4.38	9.5
Human Sexuality							4.38	9.5
Self-Care	4.24	10						
Program Evaluation	4.24	10	4.39	12			4.30	13.5
Preparing Transparencies			4.43	10.5				
Community Education			4.43	10.5				
Writing PSA's			4.35	13.5				
Health Care System			4.35	13.5				
Holistic Health							4.30	13.5
Exercise Physiology							4.30	13.5
Communicable Disease					4.47	15		

TABLE 2

Master's Level

Higher Ranking Competencies by Viewpoints
of Health Educators in Selected Practice Settings (N=135)

Competency	Com. Agency N=18		Public Health N=36		Schools N=69		Higher Education N=13	
	Average	Rank	Average	Rank	Average	Rank	Average	Rank
Program Evaluation	4.68	4	4.78	2.5	4.70	2	4.84	1.5
Projecting Enthusiasm for Health Education	4.86	4	4.81	1	4.60	4.5	4.84	1.5
Directing Research Projects					4.82	1		
Program Planning	4.72	1.5	4.78	2.5	4.60	4.5	4.61	8
Interact with Staff	4.72	1.5			4.45	13		
Self-Evaluation	4.64	6.5	4.64	14	4.67	3	4.69	3.5
Principles Public Health			4.75	5.5			4.69	3.5
Self-Help	4.68	4						
Establishing Priorities Health Care System	4.60	10	4.75	5.5				
Interpersonal Communication Skills	4.60	10	4.75	5.5	4.48	11		
Public Relations					4.54	7.5	4.68	8
Utilization Health Education Resources	4.64	6.5					4.53	14.5
Educational Strategies	4.56	14	4.73	8.5	4.51	9		
Speaking to Community Leaders	4.60	10	4.73	8.5				
Adult Learning							4.61	8
Nutrition							4.61	8
Conduct School Programs								
Data Utilization							4.61	8
Community Education	4.60	10						
Conduct Com. Service Programs	4.60	10						
Development Rapport Com. Leaders			4.70	10.5	4.45	13		
Making Large Group Presentations			4.70	10.5				
Develop Education Materials					4.45	13		
Decision Making Processes			4.67	12	4.50	10	4.61	8
Identification Health Education Resources	4.56	14	4.64	14				
Tobacco							4.53	14.5
Personnel Evaluation			4.64	14	4.54	7.5		
Human Sexuality							4.53	14.5
In-Service Programs	4.56	14						
Alcohol							4.53	14.5